

Sample Emergency “Toolbox” Inventory Sheet

EMERGENCY “TOOLBOX” INVENTORY SHEET		
SCHOOL:		LOCATION:
YES	NO	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	Copies of all the forms and lists completed in the development of the School District/School All Hazards Plan
<input type="checkbox"/>	<input type="checkbox"/>	Aerial photos of the campus and surrounding area
<input type="checkbox"/>	<input type="checkbox"/>	Map of streets/intersections/vacant lots and major utilities surrounding the school
<input type="checkbox"/>	<input type="checkbox"/>	Blueprints of building (s), including utilities, alarm and fire sprinkler systems, location of exits, phones/cable, first aid kits, assembly areas, hazardous materials location, and elevators.
<input type="checkbox"/>	<input type="checkbox"/>	Maps of Staging Areas and Command Post
<input type="checkbox"/>	<input type="checkbox"/>	Videotape/DVD of inside and outside of all buildings and grounds, if available
<input type="checkbox"/>	<input type="checkbox"/>	Map of local streets with evacuation routes to Alternate Assembly Areas
<input type="checkbox"/>	<input type="checkbox"/>	Flashlights and spare batteries
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit and latex-free gloves
<input type="checkbox"/>	<input type="checkbox"/>	Staff Roster (including emergency contact, classroom location, special medical needs)
<input type="checkbox"/>	<input type="checkbox"/>	Student Roster (including copy of emergency cards for contact information of parents/guardians)
<input type="checkbox"/>	<input type="checkbox"/>	Visitor/Volunteer/Substitute Teacher List
<input type="checkbox"/>	<input type="checkbox"/>	Students and Staff Needing Special Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Inventory of Staff Resources or Skills
<input type="checkbox"/>	<input type="checkbox"/>	Master Key and an extra set for those rooms where a master does not work (keys should be clearly tagged and put in a locked container within the Tool Box for added security).
<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm Reset Procedures
<input type="checkbox"/>	<input type="checkbox"/>	Fire Sprinkler System Reset Procedures
<input type="checkbox"/>	<input type="checkbox"/>	Master Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Two-way radios and/or cellular phones
<input type="checkbox"/>	<input type="checkbox"/>	Battery powered radio and spare batteries
<input type="checkbox"/>	<input type="checkbox"/>	Several legal pads and ball point pens
<input type="checkbox"/>	<input type="checkbox"/>	White peel-off stickers and markers (for name tags)
<input type="checkbox"/>	<input type="checkbox"/>	Local telephone directory

<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
INSPECTED BY:		DATE: